

		1
Please type a plus sign (+) inside this box -	1	l
riease type a plus sign () inside this box		ı

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR **DESIGN** PATENT APPLICATION (37 CFR 1.63)

 □ Declaration Submitted with Initial Filing

OR

☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number		0073.00				
First Named Inventor		Weers, Jeffry G.				
COMPL	ETE IF	KNOWN				
Application Number						
Filing Date	May	8, 2001				
Group Art Unit						
Examiner Name						

As a below named inventor	, I hereby declare that:			<u> </u>					
My residence, post office add	My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: PHOSPHOLIPID-BASED POWDERS FOR DRUG DELIVERY									
the specification of which is attached hereto OR		e of the Invention)	d Oled a deallie	in Novel on a POT let and investigate					
was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) (if applicable). I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.									
certificate, or 356(a) of any PC	T international application also identified below, by	on which designated at lea	ast one country or	nation(s) for patent or inventor's other than the United States of or patent or inventor's certificate, rity is claimed.					
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO					
Additional foreign application									
I hereby claim the benefit unde			application(s) list	ed below.					
Application Number(s) 60/208,896	06/02/2000	(MM/DD/YYYY)		onal provisional application ers are listed on a					
60/216,621	07/07/2000			mental priority data sheet SB/02B attached hereto.					

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box ->

X Additional inventors are being named on the

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DE(CLA	RATIO	N	- Ut	tility	or'	Des	sigr	1 P	ate	nt /	App	licatio	on
United States United States of information wh	of Americ or PCT in hich is ma	efit under 35 U.S.(ica, listed below a nternational applic laterial to patental f international film	and, insolication in to ability as d	far as t the mar defined	the subje inner prov I in 37 CF	ect matter vided by t FR 1.56 v	er of ea the firs	ich of th t paragr	ne clair aph of	ms of thi 35 U.S.	s applic C. 112	ation is Lacknow	not disclosed wledge the dut	I in the prior y to disclose
U.	S. Par	ent Applicati Numb		'CT P	'arent			rent F MM/DI	_				ent Patent i (if applicat	
09/568,81	8							y 10,						
		PCT international												
		hereby appoint the connected therewi	ith. 🔯 c	Custome	stered pra ner Numbe			osecute	this ap	plication ——	and to	transac	Place Cust	tomer
				0R	red practi	<u> </u>		registra	tion nu	ا۔ Imber list	ted belo	"Ĺ	Number Bar Label he	
	Nam	ie			Registra	ation				Nam				stration ımber
Additional	registere	ed practitioner(s) r	named on	supple	emental F	Registere	d Prac	titioner	informa	ation she	et PTO	/SB/020	Cattached here	eto.
Direct all corr	esponde	، بحد	Custome or Bar Co		1/	21968	}			OR		orresp	ondence add	ress below
Name														
Address														
Address								—			_ .	,		
City	<u> </u>						S	tate			ZIP			
Country	<u>L</u>			Tel	lephone	,					Fax	<u> </u>		
believed to be punishable by	true; and fine or in	all statements mand further that the mprisonment, or tissued thereon	ese stater	ments v	were ma	ade with t	the kno	owledge	that v	villful fal:	se state	ements	and the like s	o made are
Name of Sc	ole or F	First Inventor	r:					A petiti	on ha	s been	filed fo	r this	unsigned inve	entor
Gi	iven Nan	ne (first and midd	dle [if an	ıy])			$oldsymbol{ol}}}}}}}}}}}}}}$			Family	y Nam	e or Su	ırname	
Jeffry G.							We	eers						
Inventor's Signature	ļ												Date	
Residence: C	Dity	Half Moon	ı Bay		State C	CA	C	ountry	U.	S.A.			Citizenship	U.S.A.
Post Office Ac	ddress	432 Coron	iado A	veni	ue									
Post Office A	ddress									_				
City		Saa	State (¬Δ		710	04	019			Cou	ntny	TISA	

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto



Please type a plus sign (+) inside this box →

PTO/SB/02A (3-97)
sign (+) inside this box

+ Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 2

Name of Additional Joint Inventor, if any:										
Given Nar	Given Name (first and middle [if any]) Family Name or Surname									
Thomas E.				Tarar	ra					
Inventor's Signature	Date									
Residence: City	Burlingame	State	CA		Country	U.S.A.		Citizens	hip [J.S.A.
	ress 1233 Paloma Avenue									
Post Office Address	1000 1 MANAGER A A C MANAGE									
	Burlingame	State	CA_		ZIP 9	4010	Country	U.S.A	١	
Name of Addition	nal Joint Inventor, if an	ıy:			A petitio	n has been filed	d for th	is unsigr	ned inv	entor
Given Na	me (first and middle [if any]	1)				Family Nan	ne or S	Surname		
Luis A.				D	ellamaı	ry				
Inventor's Signature								Da	te	
Residence: City	San Marcos	State	CA	(Country	U.S.A.		Citize	nship	U.S.A.
Post Office Address	838 Redberry Court					· · · · · · · · · · · · · · · · · · ·				
Post Office Address										
City	San Marcos	State	CA		ZIP	92069-1846	Coun	ntry U	S.A.	
Name of Addition	nal Joint Inventor, if an	ıy:			A petitic	on has been filed	d for th	is unsigr	ned inv	entor
Given Na	me (first and middle [if any]])				Family Nan	ne or S	Surname		
Jean G.				Riess	3					
Inventor's Signature								Da	te	
Residence: City	Falicon	State	<u></u>		Country	France		Citize	nship	France
Post Office Address	les Giaines					, , , , , , , , , , , , , , , , , , , 		 		
Post Office Address										
City	Falicon	State			ZIP	06950	С	ountry	Fran	ce

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



Please type a plus sign (+) inside this box → +

PTO/SB/02A (3-97)
Approved for use through 9/30/98. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

											
Name of Additio	nal Joint Inventor, if an	ıy:			A petitio	n has been filed	d for thi	s unsigr	ned inv	rentor	
Given Na	me (first and middle [if any])	Family Name or Surname								
Ernest G.				Schu	tt						
Inventor's Signature								Date			
Residence: City	San Diego	State	CA		Country	U.S.A.		Citizens	hip [J.S.A.	
Post Office Address	12139 Ragweed Street										
Post Office Address								· • · · · · · · · · · · · · · · · · · ·		-,	
City	San Diego	State	CA		ZIP 9	2129	Country	U.S.A	١		
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been filed	d for thi	s unsigr	ned inv	rentor	
Given Na	me (first and middle [if any])				Family Nan	ne or S	urname			
Inventor's Signature								Dat	te		
Residence: City		State			Country			Citizer	nship_		
Post Office Address											
Post Office Address					T						
City		State			ZIP		Count	try			
Name of Addition	nal Joint Inventor, if an	y:			A petitio	n has been filed	d for the	s unsigr	ned inv	entor	
Given Na	me (first and middle [if any])				Family Nan	ne or S	urname			
Inventor's Signature								Dat	te		
Residence: City		State			Country			Citizer	nship		
Post Office Address											
Post Office Address			I		 						
City		State			ZIP		Co	ountry			

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ATTACHMENT

This application claims the priority of U.S. provisional application number 60/208,896 filed June 2, 2000 and U.S. provisional application number 60/216,621 filed July 7, 2000.